

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: VA002 Date of Visit: 7/12/22

Contractor Personnel on Site: **Alexandria**

1. Patrick Donovan 2. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. _____

Service Calls – Service Call Number and Description

1. CSS# 1652 WO 18470
2. CSS# Removed access panel to unit. Found condensate drain pan full of
3. CSS# water. Removed debris and blew line out. Cleaned up water on
floor and put unit back in service.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name Patrick Donovan Date: 7/12/22

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SFC Caleb Mathis Date: 7/12/22

Signed: 

E-Mail: _____

